

109TH CONGRESS
1ST SESSION

H. R. 181

To prohibit the use of Federal funds for any universal or mandatory mental health screening program.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 4, 2005

Mr. PAUL (for himself and Mr. FEENEY) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and the Workforce and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To prohibit the use of Federal funds for any universal or mandatory mental health screening program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Parental Consent Act
5 of 2005”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

1 (1) The United States Preventive Services Task
2 Force (USPSTF) issued findings and recommenda-
3 tion against screening for suicide that corroborate
4 those of the Canadian Preventive Services Task
5 Force. “USPSTF found no evidence that screening
6 for suicide risk reduces suicide attempts or mor-
7 tality. There is limited evidence on the accuracy of
8 screening tools to identify suicide risk in the primary
9 care setting, including tools to identify those at high
10 risk.”.

11 (2) The 1999 Surgeon General’s report on men-
12 tal health admitted the serious conflicts in the med-
13 ical literature regarding the definitions of mental
14 health and mental illness when it said, “In other
15 words, what it means to be mentally healthy is sub-
16 ject to many different interpretations that are rooted
17 in value judgments that may vary across cultures.
18 The challenge of defining mental health has stalled
19 the development of programs to foster mental health
20 (Secker, 1998). . . .”.

21 (3) The Surgeon General’s report also says,
22 “The diagnosis of mental disorders is often believed
23 to be more difficult than diagnosis of somatic or
24 general medical disorders since there is no definitive

1 laboratory test or abnormality in brain tissue that
2 can identify the illness.”.

3 (4) Accurate mental health diagnosis of chil-
4 dren is difficult as admitted by the Surgeon Gen-
5 eral’s report that says, “The science is challenging
6 because of the ongoing process of development. The
7 normally developing child hardly stays the same long
8 enough to make stable measurements. Adult criteria
9 for illness can be difficult to apply to children and
10 adolescents, when the signs and symptoms of mental
11 disorders are often also the characteristics of normal
12 development.”.

13 (5) Authors of the bible of psychiatric diag-
14 nosis, the Diagnostic and Statistical Manual, admit
15 that the diagnostic criteria for mental illness are
16 vague, saying, “DSM–IV criteria remain a con-
17 sensus without clear empirical data supporting the
18 number of items required for the diagnosis. . . . Fur-
19 thermore, the behavioral characteristics specified in
20 DSM–IV, despite efforts to standardize them, re-
21 main subjective. . . .” (American Psychiatric Asso-
22 ciation Committee on the Diagnostic and Statistical
23 Manual (DSM–IV 1994), pp. 1162–1163).

24 (6) Because of the subjectivity of psychiatric di-
25 agnosis, it is all too easy for a psychiatrist to label

1 a person's disagreement with the psychiatrist's polit-
2 ical beliefs a mental disorder.

3 (7) At least one federally-funded school violence
4 prevention program has suggested that a child who
5 shares his or her parent's traditional values may be
6 likely to instigate school violence.

7 (8) Despite many statements in the popular
8 press and by groups promoting the psychiatric label-
9 ing and medication of children, that ADD/ADHD is
10 due to a chemical imbalance in the brain, the 1998
11 National Institutes of Health Consensus Conference
12 said, “. . . further research is necessary to firmly es-
13 tablish ADHD as a brain disorder. This is not
14 unique to ADHD, but applies as well to most psy-
15 chiatric disorders, including disabling diseases such
16 as schizophrenia. . . . Although an independent diag-
17 nostic test for ADHD does not exist. . . . Finally,
18 after years of clinical research and experience with
19 ADHD, our knowledge about the cause or causes of
20 ADHD remains speculative.”.

21 (9) There has been a precipitous increase in the
22 prescription rates of psychiatric drugs in children:

23 (A) A 300-percent increase in psychotropic
24 drug use in 2 to 4 year old children from 1991

1 to 1995 (Journal of the American Medical As-
2 sociation, 2000).

3 (B) A 300-percent increase in psychotropic
4 drug use in children from 1987 to 1996 (Ar-
5 chives of Pediatric & Adolescent Medicine,
6 2003).

7 (C) More money was spent on psychiatric
8 drugs for children than on antibiotics or asthma
9 medication in 2003 (Medco Trends, 2004).

10 (10) A September 2004 Food and Drug Admin-
11 istration hearing found that more than two-thirds of
12 studies of antidepressants given to depressed chil-
13 dren showed that they were no more effective than
14 placebo, or sugar pills, and that only the positive
15 trials were published by the pharmaceutical industry.
16 The lack of effectiveness of antidepressants has been
17 known by the Food and Drug Administration since
18 at least 2000 when, according to the Food and Drug
19 Administration Background Comments on Pediatric
20 Depression, Robert Temple of the Food and Drug
21 Administration Office of Drug Evaluation acknowl-
22 edged the “preponderance of negative studies of
23 antidepressants in pediatric populations”. The Sur-
24 geon General’s report said of stimulant medication
25 like Ritalin, “However, psychostimulants do not ap-

1 pear to achieve long-term changes in outcomes such
2 as peer relationships, social or academic skills, or
3 school achievement.”.

4 (11) The Food and Drug Administration finally
5 acknowledged in September 2004, that the newer
6 antidepressants are related to suicidal thoughts and
7 actions in children and that this data was hidden for
8 years. The Food and Drug Administration had over
9 2000 reports of completed suicides from 1987 to
10 1995 for the drug Prozac alone, which by the agen-
11 cy’s own calculations represent but a fraction of the
12 suicides. Prozac is the only such drug approved by
13 the Food and Drug Administration for use in chil-
14 dren.

15 (12) Other possible side effects of psychiatric
16 medication used in children include mania, violence,
17 dependence, weight gain, and insomnia from the
18 newer antidepressants; cardiac toxicity including le-
19 thal arrhythmias from the older antidepressants;
20 growth suppression, psychosis, and violence from
21 stimulants; and diabetes from the newer anti-psy-
22 chotic medications.

23 (13) Parents are already being coerced to put
24 their children on psychiatric medications and some
25 children are dying because of it. Universal or man-

1 datory mental health screening and the accom-
2 panying treatments recommended by the President’s
3 New Freedom Commission on Mental Health will
4 only increase that problem. Across the country, Pa-
5 tricia Weathers, the Carroll Family, the Johnston
6 Family, and the Salazar Family were all charged or
7 threatened with child abuse charges for refusing or
8 taking their children off of psychiatric medications.

9 (14) The United States Supreme Court in
10 Pierce versus Society of Sisters (268 U.S. 510
11 (1925)) held that parents have a right to direct the
12 education and upbringing of their children.

13 (15) Universal or mandatory mental health
14 screening violates the right of parents to direct and
15 control the upbringing of their children.

16 (16) Federal funds should never be used to sup-
17 port programs that could lead to the increased over-
18 medication of children, the stigmatization of children
19 and adults as mentally disturbed based on their po-
20 litical or other beliefs, or the violation of the liberty
21 and privacy of Americans by subjecting them to
22 invasive “mental health screening” (the results of
23 which are placed in medical records which are avail-
24 able to government officials and special interests
25 without the patient’s consent).

1 **SEC. 3. PROHIBITION AGAINST FEDERAL FUNDING OF UNI-**
2 **VERSAL OR MANDATORY MENTAL HEALTH**
3 **SCREENING.**

4 (a) UNIVERSAL OR MANDATORY MENTAL HEALTH
5 SCREENING PROGRAM.—No Federal funds may be used
6 to establish or implement any universal or mandatory
7 mental health screening program.

8 (b) REFUSAL TO CONSENT AS BASIS OF A CHARGE
9 OF CHILD ABUSE OR EDUCATION NEGLECT.—No Federal
10 education funds may be paid to any local educational
11 agency or other instrument of government that uses the
12 refusal of a parent or legal guardian to provide express,
13 written, voluntary, informed consent to mental health
14 screening for his or her child as the basis of a charge of
15 child abuse or education neglect until the agency or instru-
16 ment demonstrates that it is no longer using such refusal
17 as a basis of a child abuse or education neglect charge.

18 (c) DEFINITION.—For purposes of this Act, the term
19 “universal or mandatory mental health screening pro-
20 gram”—

21 (1) means any mental health screening program
22 in which a set of individuals (other than members of
23 the Armed Forces or individuals serving a sentence
24 resulting from conviction for a criminal offense) is
25 automatically screened without regard to whether

1 there was a prior indication of a need for mental
2 health treatment; and

3 (2) includes—

4 (A) any program of State incentive grants
5 for transformation to implement recommenda-
6 tions in the July 2003 report of the President’s
7 New Freedom Commission on Mental Health;
8 and

9 (B) any student mental health screening
10 program that allows mental health screening of
11 individuals under 18 years of age without the
12 express, written, voluntary, informed consent of
13 the parent or legal guardian of the individual
14 involved.

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